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I hereby certify that this paper or fee is being de Mail Post Office to Addressee" service under 37 CFR 1.10 Assistant Commissioner for Patents, Washington, D.C. 202						
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•	Patent Attorney's Docket No. 033136-087					
IN THE UNITED STATES PATEN	IT AND TRADEMARK OFFICE					
In re Patent Application of) BOX NON-FEE AMENDMENT .					
HAMET, P. et al.	Group Art Unit: 1651					
Application No.: 09/480,260	Examiner: Meller, M.					
Filed: January 11, 2000	Confirmation No.: 4119					
For: PRE-CONDITIONING AGAINST CELL DEATH	RECEIVED					
DEATH	DEC 0 4 2002					
	TECH CENTER 1600/2900					
AMENDMENT/REPLY TI	RANSMITTAL LETTER					
Assistant Commissioner for Patents Washington, D.C. 20231						
Sir:						
Enclosed is a reply for the above-identified pat	ent application.					
[X] A Petition for Extension of Time is also	enclosed.					
	[] A Terminal Disclaimer and a check for [] \$55.00 (2814) [] \$110.00 (1814) to cover the requisite Government fee are also enclosed.					
[] Also enclosed is	Also enclosed is					
[] Small entity status is hereby claimed.	•					
[] Applicant(s) request continued examinate [] \$370.00 (2801) [] \$740.00 (1801) fee of	ion under 37 C.F.R. § 1.114 and enclose the lue under 37 C.F.R. § 1.17(e).					
[] Applicant(s) previously submitted _	, on, for which continued examination is					

[] Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

requested.

[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)
	(146/246) is also enclosed.

- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
	MINUS =		× \$18.00 (1202) =	
	MINUS =		× \$84.00 (1201) =	
tiple depend	ent claims, add \$280).00 (1203)		
laimed, subt	ract 50% of Total A	mendment Fe	ee	
1	iple depend	PAID FOR MINUS = MINUS = iple dependent claims, add \$280 laimed, subtract 50% of Total A	PAID FOR MINUS = MINUS = iple dependent claims, add \$280.00 (1203) laimed, subtract 50% of Total Amendment Fe	CLAIMS PREVIOUSLY CLAIMS MINUS =

[]	A claim f	ee in the amount of \$	is enclosed.
_	_	~		
l	J	Charge \$	to Deposit Account N	ło. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Stephen Todd

Registration No. 47,139

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Date: October 17, 2002